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3459-11

RECEIPT ACCOUNTING

DIVISION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hoffberg et al. 1999 MAR 23 AM 11:53

Serial No. : 09/260,802
Continuation of 07/812,805

Filed : March 2, 1999

For : ADAPTIVE PATTERN RECOGNITION BASED CONTROLLER
APPARATUS AND METHOD AND HUMAN-FACTORED
INTERFACE THEREFORE

March 18, 1999

Hon. Commissioner of Patents
and Trademarks
Washington, DC 20231
ATTN.: FINANCE DEPT.

Re: Refund

Dear Sir:

I was informed by telephone that on March 15, 1999, the amount of \$342 under Code 202 and \$432 under Code 203 were charged to Deposit Account #50-0427 with respect to U.S. Patent Serial No. 09/260,802.

Our calculations indicate that these charges against the Deposit Account were in error.

Applicant's calculation of the filing fee are set forth on page 2 of the modified Form PTO-1082 cover sheet which indicate a total filing fee of \$701.

Applicants clearly indicate on page 45 of the Preliminary Amendment (copy enclosed) the 34 claims and 8 independent claims which are to be examined.

We request that this discrepancy be rectified since this has substantially perturbed the balance in our account.

Respectfully submitted,

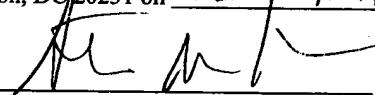


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(914) 949-3100

I hereby certify that this correspondence is being deposited with the United States Postal Services as first class mail in an envelope addressed to:
Commissioner of Patents and Trademarks
Washington, DC 20231 on March 18, 1999

By 

Date March 18, 1999

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>4-1-99</u>		2 Serial/Patent # <u>09/260,802</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>774</u>
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>774</u>	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #: <u>50--0425</u>		
	Duplicate Payment			
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>R. Brown</u>		TITLE: <u>L. Examiner</u>		
SIGNATURE: <u>R. Brown</u>		PHONE: <u>308-1879</u>		
OFFICE: <u>OIPE-Team</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

**INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]**

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK** OR **CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEES ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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